CCAP 16E Rev. 03/13 12/10 Issue Obsolete

Louisiana Department of Children and Family Services Child Care Assistance Program

Criminal Background Check Authorization

Instructions for Completing the Enclosed Criminal Background Check Authorization Form For Family Child Day Care Home Providers or In-Home Providers

For a Family Child Day Care Home Provider a separate Criminal Background Check Authorization is needed for the provider, each adult living at the provider's residence, and any persons employed by the provider in the provider's home or on the provider's home property.

Example:

Sarah Brown is a Family Child Day Care Home Provider. She lives with her husband, Bobby. She also has an employee, Jimmy Smith, who does the yard work. Ms. Brown would need to submit 3 completed forms.

EACH person needing a criminal background check must complete the "Applicant" information at the bottom of page 1 and the middle of page 2. Please print in ink. THE APPLICANT IS THE PERSON WHOSE CRIMINAL RECORD IS BEING CHECKED. <u>PAGES 1 AND 2 SHOULD HAVE THE SAME APPLICANT NAME.</u>

APPLICANTS FULL NAME – The applicant will print their last name, first name and middle name in the spaces provided. Include maiden name and previous married names, if applicable.

APPLICANTS SIGNATURE – The applicant will sign their name.

DATE OF BIRTH – The applicant will print their date of birth.

DRIVERS LICENSE # and STATE – The applicant will print their drivers license number and the state in which they received their drivers license.

RACE and SEX – The applicant will print their race and their sex.

POSITION OR LICENSE APPLIED FOR – The applicant will complete this section with the appropriate position. The position applied for can be listed as "watching children in home", "child care provider", "spouse or husband of child care provider", "employee of child care provider", or other applicable statement.

Example:

APPLICANT'S FULL NAME: Brown Bobby Ray

POSITION OR LICENSE APPLIED FOR: Husband of child care provider

A certified check or money order must be made payable to Department of Children and Family Services to cover the cost of the criminal background check. The cost is \$26.00 per person. One certified check or money order can be sent for the total amount due.

Criminal Background Check Authorization Form

Louisiana State Police Bureau of Criminal Identification and Information P. O. Box 66614 (Mail Slip A-6) Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

	FOR A POSITIVE IDENTIFICATION****						
****PLEAS	SE PRINT***						
Provider Directory							
FACILITY OR AGENCY	FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE						
P.O. Box 260034							
MAILING ADDRESS	SIGNATURE OF AUTHORIZED REPRESENTATIVE						
D . D							
Baton Rouge LA 70826 CITY STATE ZIP CODE	FACILITY OR AGENCY PHONE NUMBER						
OTT STATE ZII GODE	TAGILITY OR AGENCY PHONE NOWIDER						
	FACILITY E-MAIL ADDRESS						
Request For: (pick one only)							
ALCOHOL AND BEVERAGE COMMISSION ALCOHOL BEVERAGE OUTLET CASA CONCEALED HANDGUNS CRIMINAL JUSTICE EMPLOYEE DAYCARE DENTISTRY BOARD DEPARTMENT OF LABOR DEPARTMENT OF PUBLIC SAFETY EMPLOYERS FIREFIGHTERS GAMING HEALTH CARE PROVIDER JUVENILE DETENTION CENTER DEPARTMENT OF INSURANCE MANUFACTURED HOUSING MEDICAL EXAMINERS OCS ABUSE/NEGLECT INVESTIGATION OCS CARETAKER OCS PERSONNEL	OFFICE OF FINANCIAL INSTITUTIONS OFFICE OF PUBLIC HEALTH PHARMACY BOARD POSTSECONDARY EDUCATION PRACTICAL NURSING PRIVATE ADOPTION PRIVATE INVESTIGATORS PRIVATE SECURITY PUBLIC HOUSING PUBLIC TAG AGENT REGISTERED NURSING RELIGIOUS ACTIVISTS RIVERBOAT PILOTS SCHOOL SENATE AND GOVERNMENTAL AFFAIRS TAXI DRIVERS USED MOTOR VEHICLE COMMISSION VENDOR VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS WORKING WITH CHILDREN						
APPLICANTS FULL NAME: ****PRINT – USE INK**** LAST	FIRST MIDDLE						
	N NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)						
APPLICANTS SIGNATURE:							
APPLICANTS SOCIAL SECURITY #							
	STATE RACE SEX						
POSITION OR LICENSE APPLIED FOR							

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

APPLICANT PROCESSING – DISCLOSURE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION P.O. BOX 66614 (MAIL SLIP A-6) BATON ROUGE, LA 70896

LSPAPP5/R10.03

AGENCY			NOTICE PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE. INCOMPLETE FORMS WILL NOT BE PROCESSED.		
MAILING ADDRES	S				
CITY	STATE	ZIP CODE			
NAME 			/ DATE OF	/ BIRTH	RACE SEX
SOCIAL SECURIT	TY NUMBER				
ALL INFORM THOSE AUTHOR	-	ED MUST REMAI O RECEIVE THIS			_
DO NOT WRITE BE	LOW THIS LINE:	(For Bureau of C	riminal Identification	on and Inform	ation Use Only}
NOTICE: The responsible existence of	history records data	abase as is availabl	e at the time of requ		
CRIMINAL HISTORY DETERMINATION:					
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		RESPONSE BI	ELOW		